558-MIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Dans (Eget (G)) E 1 V E

Permit #: Amount Paid: \$125.00 13-0023 mm 6/11/12 205

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DAY BOOK START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

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MAY 3 1 2012 Refund:

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· · · · · · · · · · · · · · · · · · ·	}	×		The state of the s		Conditional Use: (explain)	Condition		
The state of the s)	×		- The state of the		Special Use: (explain)	Special U		
						-			,
		×		The second secon	literation (specify)	Accessory Building Addition/Alteration (specify)	Accessory		Rec'd for Issuance
, pu	_	×				Accessory Building (specify)	Accessory	"	IVIUNICIPAL USE
) }		: ×		- 1989 in the second se		Addition/Alteration (specify)	Addition/		
*	_	 	The state of the s	A. L.	te)	Mobile Home (manufactured date)	Mobile H		
	_	×	cooking & food prep facilities) (sleeping quarters, <	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or	Bunkhous		
	_	×	-		age	with Attached Garage		se	Commercial Use
	_	×			- The state of the	with (2 nd) Deck			
- Lawrence	-	×		4	- Anna Anna Anna Anna Anna Anna Anna Ann	with a Deck			
)	×			and the state of t	with (2 nd) Porch			
	_	×				with a Porch		ř	
	_	×				with Loft			\
)	X			hack, etc.)	Residence (i.e. cabin, hunting shack, etc.)	Residence		,
THOSE	_	oo x 901		Transcription of the Contraction	ture on property)	Principal Structure (first structure on property)	Principal	×	2.0.0 m (2.0.0 m) (2.0.0 m
Square Footage	8	Dimensions		0	Proposed Structure			\	Proposed Use
	neight.	<u> </u>	Wiath:		Length:			tion:	Proposed Construction:
	Height:	: ¥	Width:	. 5	Length:	r is relevant to it)	ing applied fo	(if permit be	Existing Structure: (if permit being applied for is relevant to it)
			NOISE				11000	1	
			Compost Iollet	•1 E		Foundation		Property	
		contract)	1	None			iness on	Run a Business on	70,000
	n 200 gallo	Vaulted (min 200 gallon)	Privy (Pit) or		and the state of t	☐ Basement	(existing bldg)	Relocate (existing bldg)	
<u> </u> 		pecify Type:	Sanitary (Exists	3			'n	Conversion	- 1
□ Well		Specify Type:	(New) Sanitary	□ 2 □	X Year Round	☐ 1-Story + Loft	Alteration	☐ Addition/Alteration	
☐ City			Municipal/City	□ 1 □	☐ Seasonal	¥1-Story	struction	New Construction	
		Is on the property?	Is on the	bedrooms		7		S. C. Longitz Co.	donated time &
Water	3	Sewer/Sanitary System	Sewer/San	다. #	Use	# of Stories	ect	Project	of Completion * include
				Þ.					Value at Time
									Y Non-Shoreland
No	No		re is from snoreline :	Distance Structure	If yescontinue —	Lake,	y/Land within	☐ Is Propert	\
Are Wetlands Present?	Is Property in Floodplain Zone?			Distance Structure	am (ind. Intermittent)	Is Property/Land within 300 feet of River, Stream (ind. Intermittent) reek or Landward side of Floodplain? If yes—continue —	☐ Is Property/Land within 300 feet of F Creek or Landward side of Floodplain?	☐ Is Propert Creek or Lar	☐ Shoreland ——▼
		- <u>`</u>		9 9		, and a second s	, , , , , , , , , , , , , , , , , , ,		The state of the s
ge ge	Acrea	16 15 16 16 16 16 16 16 16 16 16 16 16 16 16	Lot Size		Town of:	N, Range 7 W	5	, Township	Section /
		rision:	Block(s) No. Subdivision:	Lot(s) No.	/f Vol & Page	Lot Lot(s) CSM	Gov't Lot	SE 1/4	NE 1/4, S
Volume Page(s)	Page(s)	le pocumen	0.8801	1003-02	04-046-3- 46-67	(Use Tax Statement) 04-04		Legal Description:	PROJECT LOCATION
□ No	Yes	121	ᅥᄄ	50/8/ 2/ /#	116-207-1411	115	-1-	DANSING	683 B
Written Authorization Attached	Written A		Ω	gent Mailing Addres			ication on behalf	on Signing Appl	Authorized Agent: (Person Signing Application on behalf of Owner(s))
hone:	Plumber Phone:			Plumber:	one: 9-74/1	コルナ	CONSTITUTED ON	CONSTR	Contractor:
715-413-056	715-4			•	City/State/Zip:	Civy's	3	\$	THE END OF
Sal from Sale I	Coll Bhon	14841	TRON CONTROL D	3	15 15 15 15 15 15 15 15 15 15 15 15 15 1	6775	STR	SUMMERS	DANO C.
37 ACY	lelephone:	1 6 5	te/Zip:	2	ੈਜ਼	Mailin		<u>.</u>	Owner's Name:
OTHER	-	E B.O.A.	SE SPECIAL USE	CONDITIONAL USE	□ PRIVY	□ SANI	· KLAND USE	UESTED—₩	TYPE OF PERMIT REQUESTED—

PSE FOR APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE る。日本の CONNECT! VAN HOLLENS

Authorized Agent: 1 L

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owner(s) a letter of authorization must accompany this application)

sign or letter(s) of authorization must accompany this application)

Date

1/2

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Date

K

N

Owner(s): (If there are Multiple Owners listed on the Deed All o

FAILURE TO OBTAIN A PERALTI or STARTING CONSTRUCTION WITHOUT A PERALTI WILL RESULT IN PENALTIES

If (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. If (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. If (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. If (we) consent to county officials charged with administering county ordinances to have accepts to the above described property at any reasonable time for the purpose of inspection.

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ASh Commo

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Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Hold For Sanitary:

Hold For TBA:

Hold For Affidavit:

Hold For Fees:

Date of Approval

Signature of Inspector:

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